**DIAGNOSTIC EVALUATION II:**

**IMAGING:**

**MAGNETIC RESONANCE IMAGING (MRI):**

Targeted biopsy improves the detection of ISUP grade > 2 cancer and reduces the detection of ISUP grade 1 cancer as compared to systematic biopsy.

**TRANRECTAL ULTRASOUND AND ULTRASOUND-BASED TECHNIQUES:**

Standard TRUS is not reliable at detecting prostate cancer (PCa).

**PROSTATE BIOPSY:**

The need for prostate biopsy is based on PSA level, other biomarkers and/or suspicious digital rectal exam (DRE) and/or imaging.

**Repeat biopsy after previously negative biopsy:**

Other indications for repeat biopsy are rising and/or persistently elevated PSA, suspicious DRE and intraductal carcinoma as a solitary finding.

**Recommended terminology for reporting prostate biopsies:**

**CLINICAL STAGING:**

**T-STAGING:**

So far, only DRE findings are part of the risk category stratification for T category. Magnetic resonance imaging findings can improve the prediction of the pathological stage when combined with clinical and biopsy data. T2-weighted imaging remains the most useful method for local staging on MRI.

**N-STAGING:**

Abdominal CT and T1-T2-weighted MRI indirectly assess lymph nodes (LNs) invasion by using LN diameter (8 mm short axis in the pelvis) and morphology. The size of non-metastatic LNs varies widely and may overlap the size of LN metastases. Nomograms combining clinical and biopsy findings have been used to estimate the risk of patients harbouring positive LNs.

**PSMA PET/CT is more accurate in N-staging as compared to MRI, CT or choline PET/CT; however, small LN metastases, under the spatial resolution of PET (~5 mm), may still be missed.**

For patients at risk for pN+, an ePLND should be performed regardless of the results of the PSMA PET.

**M-STAGING:**

Evidence shows that choline PET/CT, PSMA PET/CT and whole-body MRI provide a more sensitive detection of LNs and bone metastases than the classical work-up with bone scan and abdominopelvic CT.

Replacing bone scan and abdominopelvic CT by more sensitive imaging modalities may be a consideration in patients with high-risk PCa undergoing initial staging.

However, in absence of prospective studies demonstrating survival benefit, caution must be used when taking therapeutic decisions.

Results from RCTs evaluating the management and outcome of patients with (and without) metastases only detected by choline PET/CT, PSMA PET/CT and MRI are awaited before a decision can be made to treat patients based on the results of these tests.